CT00000000

THE UNIVERSITY OF UTAH

UNIVERSITY OF UTAH
COST TRANSFER REQUEST FORM

Print Form | Reset Form

University Policy 3.021 requires that all changes to federal projects be documented by adequately explaining all transfers made TO or FROM federal projects. Transfers should be made as soon as possible after the error is detected. Cost Transfer requests more than 120 days after the original date of the incurred cost are subject to additional levels of approval and will be highly scrutinized.

SECTION 1 - TO BE COMPLETED BY THE REQUESTING DEPARTMENT

DATE:	DIRECT COSTS:	PREPARED BY:	PHONE NO:	DEPARTMENT:	ADDRESS:

COST to be Transferred TO these Chartfields								*COST to be Transferred FROM these Chartfields*						
BU(2)	ORG(5)	FUND(4)	Activity(5)	Project(8)	Account(5)	A/U(1)		BU(2)	ORG(5)	FUND(4)	Activity(5)	Project(8)	Account(5)	A/U(1)
							1							
							2							
							3							
							4							

Indicate the direct cost amount associated with each line above. If more than 4 lines, enter a reference note to "see CT Reallocation Form".

Line 1 $_____ Line 2 $ _____ Line 3 $_____ Line 4 $ _____

SECTION 2 - FOR ACCOUNTING USE ONLY

PROPOSAL OR AWARD NUMBER _____ _____

CONTRACT TYPE (FIXED OR CR) _____ _____

PROJECT TITLE _____ _____

PRINCIPAL INVESTIGATOR _____ _____

FUNDING PERIOD _____ _____

BUDGET BALANCE _____ _____

SECTION 3 - TO BE COMPLETED BY THE REQUESTING DEPARTMENT

Failure to complete this section will result in the Cost Transfer being returned to preparer.

This section is **MANDATORY**; a thorough explanation of why the cost transfer is necessary must be provided. If needed, an additional explanation page can be attached immediately after the CT form. This section should include a response addressing the following items:

1. A brief explanation of how the charge benefits, or is appropriate to, the Project/Activity chartfield designated TO
2. A brief explanation of why the charge was originally charged to the Project/Activity chartfield designated FROM
3. If applicable: why did the charge take more than 120 days to identify?
4. If applicable: what will be done to prevent or minimize the recurrence of the error in the future?

SECTION 4 - SIGNATURES

We hereby certifiy that the amount requested as a transfer to the project designated above is correct. We agree that in the event this transfer is subsequently questioned and sustained by the awarding agency as a non-allowable cost that the cost will be absorbed by a department account using non-federal funds.

Printed Name: _____ _____ _____

Signatures: _____ _____ _____

Principal Investigator (Receiving Charge) | Department Chairperson | Cognizant Dean

Grants & Contracts Accounting_____ Cognizant Vice President_____

Senior Director_____ Vice President of Research_____

Send Completed Form to Grants & Contract Accounting - 406 Park